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☐ 1: N Z Med J 1996 Sep 27;109(1030):363-5

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## Accidental self inoculation with oil based veterinary vaccines.

**Jones DP.**

Department of Orthopaedic Surgery, Dunedin Hospital.

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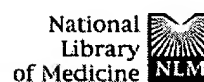
**AIMS:** To report the adverse local effects of inadvertent self inoculation with oil-based veterinary vaccines. **METHODS:** Three case reports and a literature review. **RESULTS:** One patient developed extensive chronic granulomatous inflammation in the thigh following intramuscular injection of Footvax vaccine requiring major surgical debridements. The other two cases developed chronic inflammation and sterile abscess formation following subcutaneous injections in the hand, requiring surgical drainage and corticosteroids to eventually heal. **CONCLUSIONS:** The mineral oil used as an adjuvant in veterinary vaccines can cause a prolonged chronic granulomatous reaction with sterile abscess formation. Surgical debridement may be required to remove the oil to prevent chronic sequelae. Oral corticosteroids should be considered once infection has been excluded.

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☐ 1: Ann Med Interne (Paris) 1996;147(1):10-4

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## [Side effects of influenza vaccination in patients over 60 years of age]

[Article in French]

PubMed  
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**Gauthey L, Martin R, Herrmann F, Karsegard J, Michel JP.**

Institutions Universitaires de Geriatrie, Geneve, Suisse.

The purpose of this study was to investigate the various factors affecting the incidence of adverse reactions after influenza immunization with either a subunit or an inactivated whole-virus vaccine. A total of 1,959 nursing home residents in Geneva (mean age: 84 +/- 8 years, sex ratio: 3F/1M) were randomly allocated to the two vaccine groups. Results showed that the incidence of local adverse reactions could be reduced by using the subunit vaccine injected into the buttock or the internal aspect of the thigh, in preference to the deltoid muscle. Moreover, this study demonstrated that intramuscular injection lowers the risk of local reactions but tends to increase the incidence of general reactions. Implementation of these recommendations should reduce the frequency of side effects due to influenza vaccination and, consequently, raise the rate of acceptance and the immunization coverage of the populations exposed to risk.

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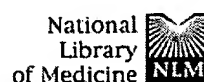
Publication Types:

- Clinical Trial
- Randomized Controlled Trial

PMID: 8763084 [PubMed - indexed for MEDLINE]

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☐ 1: Am J Vet Res 1993 Oct;54(10):1637-47

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## **Efficacy of *Pasteurella haemolytica* subunit antigens in a goat model of pasteurellosis.**

**Purdy CW, Straus DC, Struck D, Foster GS.**

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Services

USDA, Conservation and Production Research Laboratory, Bushland, TX 79012.

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Resources

The effectiveness of *Pasteurella haemolytica* biovar A, serovar 1 (Ph1) subunit vaccines was tested in goats, using challenge exposure by transthoracic injection. Twenty-two weanling male Spanish goats were randomly allotted to 4 groups. Six goats were given 2 transthoracic injections into the lung 18 days apart with live Ph1 impregnated in agar beads (positive controls). Six goats were not given injections (negative controls). Five goats were given 2 transthoracic injections into the lung 18 days apart with 4.6 mg of cytotoxin in agar beads. The remaining 5 goats were given 2 IM injections, 18 days apart, into the thigh with 4.6 mg of cytotoxin emulsified in incomplete Freund's adjuvant. Twenty-four days after the second injection, all goats were challenge-exposed to live Ph1 by transthoracic injection into the lung, and 4 days later, all goats were euthanatized and necropsied. Serum neutralizing anticytotoxin titer was measured throughout the experiment. Mean volume of consolidated lung tissue was 0.38 cm<sup>3</sup> for the positive control group, 32 cm<sup>3</sup> for the negative control group; 19 cm<sup>3</sup> for the cytotoxin-lung group; and 88 cm<sup>3</sup> for the cytotoxin-adjuvant-IM group. Only the positive control group was protected from Ph1 challenge exposure. The Ph1 cytotoxin subunit vaccine alone appeared to be ineffective, and the anticytotoxin titer was not correlated with protection. In a separate trial, 32 weanling male Spanish goats were randomly allotted to 5 groups. Each was given 2 transthoracic injections into the lung 22 days apart. Six goats were given Ph1 cytotoxin impregnated into agar beads; 6 were given Ph1 lipopolysaccharide impregnated in agar beads; 6 were given Ph1 capsule impregnated in agar beads. Six goats were given agar beads only (negative controls), and 6 were given live Ph1 impregnated into agar beads (positive controls). Twenty days after the second injection, all goats were challenge-exposed to live Ph1 by transthoracic injection into the lung, and 4 days later, all goats were euthanatized and necropsied. Mean volume of consolidated lung tissue was 0.14 cm<sup>3</sup> for the positive control group, 7.59 cm<sup>3</sup> for the negative control group, 11.21 cm<sup>3</sup> for the cytotoxin group, 10.19 cm<sup>3</sup> for the lipopolysaccharide group, and 1.6 cm<sup>3</sup> for the capsule group. Again, only injection of live Ph1 (positive controls) induced solid protection; however, the capsule subunit vaccine induced partial protection against challenge exposure in this trial. Lipopolysaccharide and cytotoxin subunit vaccines were



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PubMed☐ 1: Gaoxiong Yi Xue Ke Xue Za Zhi 1992 Feb;8(2):75-81[Related Articles, Links](#)

## Quantitative measurement of muscle and subcutaneous fat thickness in newborn by real-time ultrasonography: a useful method for site and depth evaluation in vaccination.

Lo YS, Lu CC, Chen LY, Huang LY, Jong YJ.

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Department of Pediatrics, Kaohsiung Medical College Hospital, Taiwan, Republic of China.

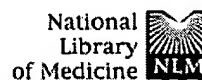
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In order to quantify muscle thickness and choose the appropriate site for intramuscular injection of vaccines in neonates, we used ultrasonography to measure muscle and subcutaneous fat thickness of anterolateral mid-thigh, upper outer quadrant of buttock and middle area of deltoid in fifty full term (group 1) and thirty low birth weight (group 2) infants. A Hitachi EUB40 real-time scanner and a 5 MHz transducer was used in the study. We delineated the normal distribution of muscle and subcutaneous fat thickness in mid-thigh, buttock and deltoid areas of full term and low birth weight infants. There was no significant difference between male and female infants in the two groups. Muscle and subcutaneous fat thickness in the thigh area was 11.8 +/- 1.9 mm and 3.8 +/- 0.4 mm, respectively, in group 1; 8.6 +/- 1.7 mm and 2.7 +/- 0.5 mm in group 2. Figures in the buttock area were 10.1 +/- 1.5 mm and 3.7 +/- 0.5 mm in group 1, 6.9 +/- 1.2 mm and 2.7 +/- 0.7 mm in group 2; and in the deltoid area were 5.2 +/- 0.7 mm and 3.4 +/- 1.5 mm in group 1 and 3.8 +/- 0.8 mm and 2.3 +/- 0.6 mm in group 2. There was significant logarithmic correlation between muscle thickness and body weight ( $r = 0.6, 0.8, 0.6$ ) and muscle thickness and body length ( $r = 0.4, 0.6, 0.6$ ) in thigh, buttock and deltoid areas of the low birth weight infants. In contrast, there was significant logarithmic correlation only between buttock muscle and body weight ( $r = 0.5$ ) in the full term infants.(ABSTRACT TRUNCATED AT 250 WORDS)

PMID: 1404527 [PubMed - indexed for MEDLINE]

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Entrez  
PubMed☐ 1: J Community Health Nurs 1992;9(2):87-94[Related Articles, Links](#)

## Injection sites utilized for DPT immunizations in infants.

Daly JM, Johnston W, Chung Y.

PubMed  
Services

The purpose of this investigation was to determine the site utilized by nurses for administering Diphtheria and Tetanus Toxoids and Pertussis (DPT) injections to infants under 7 months of age. Twenty-six of the 28 agencies identified in a metropolitan area as administering DPT injections chose to participate in the study. Those individuals administering DPT injections in the agencies completed a questionnaire with a return rate of 69% (n = 55). Forty-four participants indicated that they used the anterolateral thigh, the recommended site, 100% of the time. The participants in the study administered a total of 1,453 DPT injections per month. Eighty-seven percent of those injections were administered in the anterolateral thigh, 3.6% were given in the deltoid, 5.1% were given in the dorsal gluteal, and 4% were given in the ventrogluteal. The estimated proportion of DPT injections administered at the correct site was 84.65% which is much lower than the critical value 94.06% for  $\alpha = .05$  (p less than .00001).

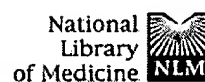
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☐ 1: Vaccine 1992;10(7):455-60

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**Controlled trial of Haemophilus influenzae type B diphtheria toxoid conjugate combined with diphtheria, tetanus and pertussis vaccines, in 18-month-old children, including comparison of arm versus thigh injection.**

PubMed  
Services

**Scheifele D, Bjornson G, Barreto L, Meekison W, Guasparini R.**

Vaccine Evaluation Center, University of British Columbia, Vancouver, Canada.

A randomized, controlled comparison was made in 175 healthy 18-month-old children given either diphtheria and tetanus toxoids and pertussis vaccine, adsorbed (DTP) and haemophilus b diphtheria toxoid conjugate vaccine (PRP/D) concurrently at separate sites (66 children) or a new vaccine combining these products (109 children). Rates of local or systemic adverse effects postimmunization and antibody responses to each component did not differ significantly between groups. DTP-containing vaccines were better tolerated when given in the thigh than in the arm. The combination DTP-PRP/D vaccine performed satisfactorily at 18 months of age, avoiding the inconvenience of two injections.

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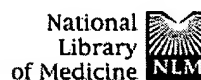
- Clinical Trial
- Randomized Controlled Trial

PMID: 1609548 [PubMed - indexed for MEDLINE]

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PubMed☐ 1: Pediatrics 1989 May;83(5):679-82[Related Articles, Links](#)

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- [Pediatrics. 1990 Jan;85\(1\):134-5.](#)

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Services**Adverse reactions to diphtheria, tetanus, pertussis-polio vaccination at 18 months of age: effect of injection site and needle length.****Ipp MM, Gold R, Goldbach M, Maresky DC, Saunders N, Greenberg S, Davy T.**

Department of Pediatrics, Faculty of Medicine, University of Toronto, Ontario, Canada.

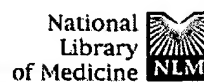
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Adverse reactions after diphtheria, pertussis, tetanus, polio vaccination at 18 months of age were investigated in three groups: 74 children injected in the deltoid muscle with a 16-mm (5/8-in) needle, 64 in the anterolateral thigh with a 16-mm needle, and 67 in the anterolateral thigh with a 25-mm (1-in) needle. No significant differences in systemic reactions were observed. Severe pain occurred in 30.5% of the groups injected in the thigh compared with only 8.1% of the group injected in the arm ( $P$  less than .001). Children vaccinated in the thigh had decreased movement of the extremity significantly more often than those injected in the arm (49.9% v 25.6%,  $P$  less than .0005), and two thirds of the former limped for 24 to 48 hours. Redness and swelling were observed more often after injection in the arm than in the thigh (58.1% v 26.7%,  $P$  less than .0005). The only effect of changing needle length in the groups injected in the thigh was the occurrence of more redness and swelling in children vaccinated with the 16-mm needle compared with the 25-mm needle. Overall, parents rated more reactions as moderate to severe among children injected in the thigh than among children injected in the arm (64.2% v 37.9%,  $P$  less than .001). The deltoid muscle appears to be the preferred site for administration of diphtheria, pertussis, tetanus, polio vaccine at 18 months of age.

PMID: 2717284 [PubMed - indexed for MEDLINE]

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#13	Search <b>vaccine and qaudriceps</b> Limits: <b>Publication Date to 1998/06/26</b>	08:04:51	<u>74873</u>
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L2	HIV and L1L1	0	L2
L1	quadriceps and vaccine	323	L1

END OF SEARCH HISTORY

L9 ANSWER 8 OF 16 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 1993:260791 CAPLUS

DOCUMENT NUMBER: 118:260791

TITLE: Sn-chlorin e6 antibacterial immunoconjugates. An in vitro and in vivo analysis

AUTHOR(S): Lu, Xiao-Ming; Fischman, Alan J.; Stevens, Emily; Lee,

Thomas T.; Strong, Louis; Tompkins, Ronald G.; Yarmush, Martin L.

CORPORATE SOURCE: Surg. Ser., Dep. Chem., Biochem. Eng., Rutgers Univ., Piscataway, NJ, 08854, USA

SOURCE: Journal of Immunological Methods (1992), 156(1), 85-99

CODEN: JIMMBG; ISSN: 0022-1759

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Monoclonal antibody-Sn-chlorin e6 immunoconjugates were prepd. by the site-selective covalent modification of the monoclonal oligosaccharide moiety. By carefully controlling the reaction conditions and introducing triethanolamine groups as axial ligands of the Sn moiety, conjugates with in vivo biodistribution properties similar to underivatized IgG were prepd. By varying the reaction conditions, conjugates were reproducibly prepd. with a range of photosensitizer to mAb molar ratios from 1.6 to

10.

Based on a competitive inhibition RIA, conjugates prepd. by this method showed selectivity and binding affinity comparable to the unmodified antibody. The immunoconjugates had only slightly lower singlet oxygen yields than that obsd. with the Sn-chlorin e6 precursor indicating that negligible aggregation or structural modification of the chromophores occurred during the synthesis process. In vitro cell killing expts. demonstrated that all conjugates possessed significant cytotoxic

activity.

Biodistribution studies in mice showed that conjugates prepd. with axial ligands had significant serum retention 24 h after **injection** while conjugates prepd. without the triethanolamine ligand were much more rapidly cleared. In vivo specificity was demonstrated using rats

infected

with Fisher immunotype I P. aeruginosa at a site in the left posterior **thigh** muscle. Target to background ratios exceeded 60 at 120 h after conjugate **injection** of the specific immunoconjugate, compared to a ratio of only 6 for a non-specific mouse IgG conjugate. Biodistribution patterns at 120 h post **injection** indicate that the conjugates were both biol. active and structurally intact.

L9 ANSWER 6 OF 16 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 1997:59715 CAPLUS

DOCUMENT NUMBER: 126:102765

TITLE: Randomized trial of the effect of co-administration  
with acellular pertussis DTP vaccine on

immunogenicity

AUTHOR(S): of Haemophilus influenzae type b conjugate vaccine  
Eskola, Juhani; Olander, Rose-Marie; Hovi, Tapani;  
Litmanen, Leila; Peltola, Sara; Kayhty, Helena

CORPORATE SOURCE: National Public Health Institute, Helsinki, 00300,  
Finland

SOURCE: Lancet (1996), 348(9043), 1688-1692

CODEN: LANCAO; ISSN: 0140-6736

PUBLISHER: Lancet

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Inclusion of new vaccines in vaccination programs for children would be easier if they could be combined with existing vaccines. Vaccines contg. acellular pertussis in the diphtheria/tetanus/pertussis (DTP-a) combination are expected to replace the conventional whole-cell vaccines (DTP-w). We tested the immunogenicity and safety of a combination of DTP-a with the Haemophilus influenzae type b (Hib) conjugate of Hib capsular polysaccharide and tetanus toxoid (PRP-T), and inactivated poliovirus vaccine (IPV). Methods 120 infants were enrolled and randomized to four groups to receive DTP-a at ages 2, 4, and 6 mo. At 4 and 6 mo they also received Hib conjugate and IPV, either as sep. **injections** or mixed with DTP-a. All **injections** were given i.m. in the anterolateral area of the **thigh**. Any reactions after each vaccination were noted by the parents. EIA was used to measure titers of diphtheria, tetanus, and pertussis **antibodies**, RIA for Hib anticapsular **antibodies**, and microneutralization assay for poliovirus **antibodies** from serum samples collected at the ages of 2, 4, 6, and 7 mo. Findings There were 30 infants in each group. Only mild adverse events were reported. There was a tendency towards slightly lower concns. of filamentous hemagglutinin, tetanus, and poliovirus 1 **antibodies** when the vaccines were mixed. However, there was a more pronounced difference ( $p=4 \times 10^{-8}$ ) in Hib **antibodies** between groups receiving Hib capsular polysaccharide mixed with DTP-a (geometric mean concns. 0.sum.37 .mu.g/mL and 0.sum.56 .mu.g/mL) compared with groups receiving the vaccines sep. (3.sum.10 .mu.g/mL and 3.sum.94 .mu.g/mL). Interpretation Administration of premixed DTP-a, Hib conjugate, and IPV affect the immune response significantly. The mechanism of this interference is not clear. The immunogenicity of all antigens must be tested before new combinations can be accepted for vaccination programs for infants.

L4 ANSWER 2 OF 2 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 1999:248844 CAPLUS

DOCUMENT NUMBER: 130:276299

TITLE: Effects of pharmacological doses of nandrolone decanoate and progressive resistance training in immunodeficient patients infected with human immunodeficiency virus

AUTHOR(S): Sattler, Fred R.; Jaque, S. Victoria; Schroeder, E. Todd; Olson, Connie; Dube, Michael P.; Martinez, Carmen; Briggs, William; Horton, Richard; Azen, Stanley

CORPORATE SOURCE: Department of Medicine, Division of Infectious Diseases, University of Southern California School of Medicine, Los Angeles County-University of Southern California Medical Center, Los Angeles, CA, 90033,

USA

SOURCE: Journal of Clinical Endocrinology and Metabolism (1999), 84(4), 1268-1276

CODEN: JCEMAZ; ISSN: 0021-972X

PUBLISHER: Endocrine Society

DOCUMENT TYPE: Journal

LANGUAGE: English

AB This nonplacebo-controlled, open label, randomized study was conducted to test the hypotheses that pharmacol. doses of nandrolone decanoate would increase lean body tissue, muscle mass, and strength in immunodeficient human immunodeficiency virus-infected men, and that these effects would be

enhanced with progressive resistance training (PRT). Thirty human immunodeficiency virus-pos. men with fewer than 400 CD4 lymphocytes/mm<sup>3</sup> were randomly assigned to receive weekly **injections** of nandrolone alone or in combination with supervised PRT at 80% of the one-repetition max. three times weekly for 12 wk. Total body wt. increased significantly in both groups (3.2+-.2.7 and 4.0+-.2.0 kg, resp.; P<0.001), with increases due primarily to augmentation of lean tissue. Lean body mass detd. by dual energy x-ray absorptiometry increased significantly more in the PRT group (3.9+-.2.3 vs. 5.2+-.5.7 kg, resp.; P = 0.03). Body cell mass by bioelec. impedance anal. increased significantly (P < 0.001) in both groups (2.6+-.1.0 vs. 2.9+-.0.8 kg), but to a similar magnitude (P = NS). Significant increases in cross-sectional area by magnetic resonance imaging of total **thigh** muscles (1538.+-.767 and 1480.+-.532 mm<sup>2</sup>), quadriceps (705.+-.365 and 717.+-.288 mm<sup>2</sup>), and hamstrings (842.+-.409 and

771.+-.295

mm<sup>2</sup>) occurred with both treatment strategies (P < 0.001 for the three muscle areas); these increases were similar in both groups (P = NS). By the one-repetition method, strength increased in both upper and lower

body

exercises, with gains ranging from 10.3-31% in the nandrolone group and from 14.4-53.0% in the PRT group (P < 0.006 with one exception). Gains

in

strength were of significantly greater magnitude in the PRT group (P .ltoreq. 0.005 for all comparisons), even after correction for lean body mass. Thus, pharmacol. doses of nandrolone decanoate yielded significant gains in total wt., lean body mass, body cell mass, muscle size, and strength. The increases in lean body mass and muscular strength were significantly augmented with PRT.

L21 ANSWER 2 OF 4 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 1997:229117 CAPLUS

DOCUMENT NUMBER: 126:292156

TITLE: Comparison of the oral, rectal, and vaginal immunization routes for induction of antibodies in rectal and **genital** tract secretions of women

AUTHOR(S): Kozlowski, Pamela A.; Cu-Uvin, Susan; Neutra, Marian R.; Flanigan, Timothy P.

CORPORATE SOURCE: Department of Pediatrics, Harvard Medical School, Children's Hospital, Boston, MA, 02115, USA

SOURCE: Infection and Immunity (1997), 65(4), 1387-1394

CODEN: INFIBR; ISSN: 0019-9567

PUBLISHER: American Society for Microbiology

DOCUMENT TYPE: Journal

LANGUAGE: English

AB To det. which mucosal immunization routes may be optimal for induction of antibodies in the rectum and female **genital** tract, groups of women were immunized a total of 3 times either orally, rectally, or vaginally with a cholera vaccine contg. killed *Vibrio cholerae* cells and the recombinant cholera toxin B (CTB) subunit. Systemic and mucosal antibody responses were assessed at 2-wk intervals by quantitation of CTB-specific antibodies in serum and in secretions collected directly

from

mucosal surfaces of the oral cavity, rectum, cervix, and vagina with absorbent wicks. The 3 immunization routes increased levels of specific IgG in serum and specific IgA in saliva to similar extents. Rectal immunization was superior to other routes for inducing high levels of specific IgA and IgG in rectal secretions but was least effective for generating antibodies in female **genital** tract secretions. Only vaginal immunization increased both specific IgA and specific IgG in both the cervix and the vagina. In addn., local prodn. of CTB-specific IgG in the **genital** tract could be demonstrated only in vaginally immunized women. Vaginal immunization did not generate antibodies in the rectum, however. Thus, generation of optimal immune responses to

sexually

transmitted organisms in both the rectal and the **genital** mucosae of women may require **local immunization** at both of these sites.

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=> gaudriceps (l) injection
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    406877 INJECTION
    92372 INJECTIONS
    463598 INJECTION
        (INJECTION OR INJECTIONS)
L1      0 QAUDRICEPS (L) INJECTION

=> thigh (l) injection
    2705 THIGH
    347 THIGHS
    2961 THIGH
        (THIGH OR THIGHS)
    406877 INJECTION
    92372 INJECTIONS
    463598 INJECTION
        (INJECTION OR INJECTIONS)
L2      399 THIGH (L) INJECTION

=> vaccine and L2
    36830 VACCINE
    36724 VACCINES
    46123 VACCINE
        (VACCINE OR VACCINES)
L3      4 VACCINE AND L2

=> HIV and L2
    47566 HIV
    80 HIVS
    47573 HIV
        (HIV OR HIVS)
L4      2 HIV AND L2

=> vergina (w) wash
    14 VERGINA
    43637 WASH
    4189 WASHES
    46964 WASH
        (WASH OR WASHES)
L5      0 VERGINA (W) WASH

=> vergina (w) secretory
    14 VERGINA
    49829 SECRETORY
    1 SECRETORIES
    49829 SECRETORY
        (SECRETORY OR SECRETORIES)
L6      0 VERGINA (W) SECRETORY

=> IgA and L2
    14444 IGA
    64 IGAS
    14465 IGA
        (IGA OR IGAS)
L7      0 IGA AND L2

=> immunoglobiliin and L2
    0 IMMUNOGLUBILIIN
L8      0 IMMUNOGLUBILIIN AND L2

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=> antibodies and L2  
264698 ANTIBODIES  
L9 16 ANTIBODIES AND L2

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=> herpes (w) virus
    20959 HERPES
    276723 VIRUS
    56545 VIRUSES
    286467 VIRUS
        (VIRUS OR VIRUSES)
L11      6392 HERPES (W) VIRUS

=> L11 and vaccine
    36830 VACCINE
    36724 VACCINES
    46123 VACCINE
        (VACCINE OR VACCINES)
L12      412 L11 AND VACCINE

=> thigh (w) injection
    2705 THIGH
    347 THIGHS
    2961 THIGH
        (THIGH OR THIGHS)
    406877 INJECTION
    92372 INJECTIONS
    463598 INJECTION
        (INJECTION OR INJECTIONS)
L13      6 THIGH (W) INJECTION

=> L12 and L13
L14      0 L12 AND L13

=> gaudriceps and L12
    0 QAUDRICEPS
L15      0 QAUDRICEPS AND L12

=> HSV and L13
    9255 HSV
    32 HSVS
    9257 HSV
        (HSV OR HSVS)
L16      0 HSV AND L13

=> gonoccal and L13
    3 GONOCAL
L17      0 GONOCAL AND L13

=> genital and L12
    6211 GENITAL
    210 GENITALS
    6365 GENITAL
        (GENITAL OR GENITALS)
L18      16 GENITAL AND L12

=> Genital and L13
    6211 GENITAL
    210 GENITALS
    6365 GENITAL
        (GENITAL OR GENITALS)
L19      0 GENITAL AND L13

=> local (w) immunization
    272088 LOCAL

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        28 LOCALS
272110 LOCAL
        (LOCAL OR LOCALS)
        32302 IMMUNIZATION
        1403 IMMUNIZATIONS
        32839 IMMUNIZATION
        (IMMUNIZATION OR IMMUNIZATIONS)
L20      61 LOCAL (W) IMMUNIZATION

=> genital and L20
        6211 GENITAL
        210 GENITALS
        6365 GENITAL
        (GENITAL OR GENITALS)
L21      4 GENITAL AND L20

=> muscular (w) injection
        20645 MUSCULAR
        406877 INJECTION
        92372 INJECTIONS
        463598 INJECTION
        (INJECTION OR INJECTIONS)
L22      83 MUSCULAR (W) INJECTION

=> L22 and L21
L23      0 L22 AND L21

=> gaudriceps and L22
        0 QAUDRICEPS
L24      0 QAUDRICEPS AND L22

=> quadriceps and L22
        1231 QUADRICEPS
L25      2 QUADRICEPS AND L22

=> quadriceps (w) injection
        1231 QUADRICEPS
        406877 INJECTION
        92372 INJECTIONS
        463598 INJECTION
        (INJECTION OR INJECTIONS)
L26      0 QUADRICEPS (W) INJECTION

=> L20 and quadriceps
        1231 QUADRICEPS
L27      0 L20 AND QUADRICEPS

=> L12 and gaudriceps
        0 QAUDRICEPS
L28      0 L12 AND QAUDRICEPS

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